

State of Connecticut
Department of Public Safety
Division of State Police
DPS-90-C (Rev. 04/'03) ADDITIONAL PAGES

| DFS-90-C (Rev. 04/ 03) L | | | | | | | | |
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| TROOP / UNIT: Troop-E OTHER INVOLVED AGENCY: NO YES | | | | | | | | |
| \TE: TIME: INVE | INVESTIGATING TROOPER / OFFICER: DPS CASE NUMBER: | | | | | | | |
| | | | | | | | | |
| CATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): | | | | | | | | |
| Landy Desert Road at Mohegan Sun Blvd Mohegan Sun Casino Montville, CT | | | | | | | | |
| SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION | | | | | | | | |
| The accused was arrest based on an arrest warrant issued by GA 21. The accused was a bus driver who was | | | | | | | | |
| operating a bus that was involved in a fatal pedestrian accident at the Mohegan Sun Casino on 8-26-04. | | | | | | | | |
| Investigation revealed that the accused was operating the bus in excess of allowed hours of operation, with | | | | | | | | |
| defective equipment, failed to avoid pedestrians, and made an improper turn. | | | | | | | | |
| VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) | | | | | | | | |
| | | | | | | NILE: | INJURED: | |
| | | | | - | YES | ☐ YES ☐ NO | | |
| NAME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CITY&STATE ONLY) | | | | AGE: JUVENILE: | | | | |
| NAME / BUSINESS / AGENCY: | | | | | ☐ YES | | INJURED: | |
| | | | | AGE: | | □ NO | | |
| NAME / BUSINESS / AGENCY: M F ADDRESS: (TOWN/CITY&STATE ONLY) | | | | | JUVENILE: | | INJURED: | |
| | | | | | YES | □ YES □ NO | | |
| ADDRESS AND HOS INCHISE AND HOUSE | COVALIE | COB ADDRECS : | | | AG | | _ | |
| ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) NAME: ADDRESS: | | | | | | | | |
| Chow, Ket Chuen 10-10-56 831 44 TH Street Brooklyn, NY | | | | | | | | |
| CHARGES: | COURT: | | BOND: 1,000 | | | INJURE | D: | |
| 1. Misconduct w/ Motor vehicle | GA: 21 | | CASH | | | ⊠ NO | | |
| 3. Operating avoid pedestrian | d pedestrian TOWN: NORWICH | | ☐ NON-SURETY '☐ WPTA | | | AMBULANCE: ☐ YES ☒ NO | | |
| Restricted turns | | | TO BE PRESENTED AT COURT | | | HOSPITAL: | | |
| and the same of th | DATE: 8 | -26-05 | ☐ TRANS TO I | DEPT OF CORRECTION | S @: | | | |
| NAME: | M DF | DOB: | ADDDECC | | 1. | | | |
| NAME: | и Пъ | DOB: | ADDRESS: | | | | | |
| CHARGES: | COURT: | | BOND: | | | INJUREI | D. | |
| 1. | GA: | | □ CASH | ☐ SURETY | ☐ SURETY | | ☐ YES ☐ NO | |
| 2. | | | NON-SURET | ETY WPTA | | AMBULANCE: | | |
| 3. | TOWN: | | AMOUNT \$: [2] TO BE PRESENTED AT COURT | | | HOSPITAL: | | |
| 4. | | | ☐ TRANS TO DEPT OF CORRECTION | | S@: | S @: | | |
| | DATE: | | | | | | | |
| NAME: | M 🗆 F | DOB: | ADDRESS: | | | | | |
| CHIPCEC | COURT | | L BONID | | | ********* | | |
| CHARGES: 1. | GA: | | BOND: | ☐ SURETY | INJUR | | □ NO | |
| 2. | GA. | | NON-SURET | | AMBULANCE: | | | |
| 3. | TOWN: | | AMOUNT S: | | | HOSPITAL: | | |
| 4. | | | | ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS @: | | | PLALS: | |
| 7. | DATE: | | L IROLIS IO | DELI OF CORRECTION | 3 (8) | | | |
| NAME: | M .F | DOB: | ADDRESS: | | | | | |
| | | | | | | | | |
| CHARGES: | COURT: | | BOND: | | | INJURE | | |
| 1. | GA: | | ☐ CASH ☐ SURETY ☐ WPTA | | ☐ YES ☐ NO | | | |
| 2. | TOWN | | AMOUNT S: | ☐ YES ☐ NO | | | | |
| 3. | TOWN: | | TO BE PRESENTED AT COURT HOSPITAL: | | | AL: | | |
| 4. | DATE: | A | TRANS TO DEPT OF CORRECTIONS @: | | | | | |
| JPERVISOR'S APPROVAL REQUIRED: INITIALS: ID#: 30 DATE: 08-12-05 | | | | | | | | |
| THIS INFORMATION IS BEING RELEASED TO THE POPUIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. | | | | | | | | |
| FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE | | | | | | | | |